

COMMUNICATIONS PROVIDER REGISTRATION FORM

All Registrants must enclose a **fifty dollar (\$50.00)** filing fee with the registration form.

NOTE: Communications Providers are entities which provide or enable real-time or interactive voice communications and in which the voice component is the primary function (i.e. wireless/cellular, pre-paid wireless, satellite, VOIP). This does NOT include one-way services like paging services. **Please complete Sections A and B below.**

Information Providers are defined as providers which provide service used for the transmission of information of a user's choosing regardless of the transmission medium or technology employed, that connects to a network that permits the end user to engage in electronic communications (i.e. Internet Service Providers). **Please complete Sections A and C below.**

SECTION A - All Registrants must provide the following information:

1. Legal entity's name as registered with the Nebraska Secretary of State:

2. All names under which Registrant is conducting business in Nebraska:

3. Registrant's primary business address, and telephone number:

Address		

City		

State	Zip Code	Telephone Number

4. Please indicate the services provide in Nebraska (i.e. wireless/cellular, pre-paid wireless, satellite, VOIP):

SECTION B - Communications Providers provide the following information:

1. Contact person for the Nebraska Telecommunications Universal Service Fund (NUSF):

Name

Address

City/State

Zip

Telephone Number

E-mail Address

2. Contact person for the Nebraska Telecommunications Relay System Fund:

Name

Address

City/State

Zip

Telephone Number

E-mail Address

3. Contact person for the Nebraska Enhanced Wireless 911 Fund:

Name

Address

City/State

Zip

Telephone Number

E-mail Address

4. Contact person for customer/subscriber complaints and inquiries:

Name

Address

City/State

Zip

Telephone Number

E-mail Address

SECTION C - Information Providers provide the following information:

1. Contact person with managerial responsibility for Nebraska operations:

Name

Address

City/State

Zip

Telephone Number

E-mail Address

The undersigned attests that he/she has examined the foregoing information provided by _____ and that information is correct and complete.

BY: _____
Carrier's Officer or Designated Agent

Dated: _____

REGISTRANT IS HEREBY NOTIFIED:

Written notice of any changes in the foregoing information must be filed with the Commission within sixty (60) days from the date the change becomes effective. Failure to notify the Commission of changes in the foregoing information within the sixty day time frame may result in the assessment of administrative penalties.

PLEASE ENCLOSE A CHECK PAYABLE TO THE NEBRASKA PUBLIC SERVICE COMMISSION IN THE AMOUNT OF FIFTY DOLLARS (\$50.00) ALONG WITH EACH REGISTRATION.